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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES	Docket Number (Optional)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of</td> </tr> <tr> <td style="width: 60%; padding: 5px;">Application Number</td> <td style="width: 40%; padding: 5px;">Filed</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit</td> <td style="padding: 5px;">Examiner</td> </tr> </table>		In re Application of		Application Number	Filed	For		Group Art Unit	Examiner
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, _____, rejecting the following claims:_____.</p> <p>_____.</p>									
<p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$_____.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No._____. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>									
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>									
<p>I am the</p> <p><input type="checkbox"/> applicant.</p> <p><input type="checkbox"/> assignee of record of the entire interest.</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)._____.</p>									
<div style="text-align: right; margin-right: 100px;"> <p>_____ Signature</p> <p>_____ Typed or printed name</p> <p>_____ Date</p> </div>									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.